

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (8-96)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration OR
Submitted
with Initial Filing

☐ Declaration
Submitted after
Initial Filing

Attorney Docket Number

First Named Inventor

CHABRIER DE LASSAUNIERE P-E

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Derivatives of heterocycles with 5 members, their preparation and their use as medicaments

(Title of the invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY)

10/10/ 2000

as United States Application Number or PCT International

Application Number

PCT/FR00/02805

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
99/12643	FRANCE	10/11/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
00/10151	FRANCE	08/01/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
00/11169	FRANCE	09/01/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

(Page 1 of 6)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

(Janvier 1997)

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (8-96)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.

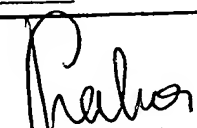
Direct all correspondence to:

Customer No. 20311

Name	BIERMAN, MUSERLIAN and LUCAS		
Address			
Address	600 Third Avenue		
City	NEW YORK	State	NEW YORK
ZIP	10016		
Country	U.S.A.	Telephone	(212) 661-8000
Fax	(212) 661-8002		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name	Pierre Etienne	Middle Initial		Family Name	Chabrier de Lassauniere	Suffix e.g. Jr.	
Inventor's Signature						Date	7-03-2002

Residence: City	PARIS	FRX	State		Country	FRANCE	Citizenship	French
Post Office Address								
Post Office Address	134 quai Louis Blériot							
City	Paris	State		Zip	75016	Country	FRANCE	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

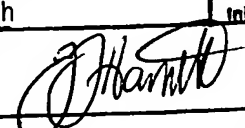

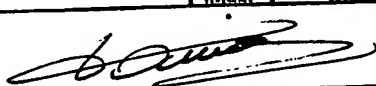

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (8-96)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name		Jeremiah				Middle Initial				Family Name		HARNETT				Suffix e.g. Jr.			
Inventor's Signature												Date		7/03/2002					
Residence: City		GIF-SUR-YVETTE				State				Country		France				Citizenship		Irish	
Post Office Address																			
Post Office Address		32 allée de la Bergerie																	
City		GIF-SUR-YVETTE				State				Zip		91190		Country		FRANCE			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name		Denis				Middle Initial				Family Name		BIGG				Suffix e.g. Jr.			
Inventor's Signature												Date		7 march 2002					
Residence: City		GIF-SUR-YVETTE				State				Country		FRANCE				Citizenship		French	
Post Office Address																			
Post Office Address		12 rue des Bénédictines																	
City		GIF-SUR-YVETTE				State				Zip		91190		Country		FRANCE			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name		Jacques				Middle Initial				Family Name		POMMIER				Suffix e.g. Jr.			
Inventor's Signature												Date		7/03/2002					
Residence: City		PARIS				State				Country		FRANCE				Citizenship		French	
Post Office Address																			
Post Office Address		56 rue de Vouillé																	
City		PARIS				State				Zip		75015		Country		FRANCE			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name		Jacques				Middle Initial				Family Name		LANNOY				Suffix e.g. Jr.			
Inventor's Signature												Date		19/03/2002					
Residence: City		BIEVRES				State				Country		FRANCE				Citizenship		French	
Post Office Address		Résidence Le Renouveau, Bâtiment B																	
Post Office Address		Avenue de la Gare																	
City		BIEVRES				State				Zip		91470		Country		FRANCE			
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																			

+

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

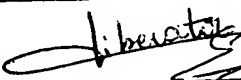
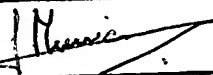
DECLARATION			PRIORITY DATA (Supplemental Sheet)	
Additional foreign applications:				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			Additional provisional applications:	
Application Number	Filing Date (MM/DD/YYYY)			
Additional U.S. applications:				
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)	

Please type a plus sign (+) inside this box → +

PTO/SB/01 (8-96)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Anne-Marie		Middle Initial		Family Name	LIBERATORE		Suffix e.g. Jr.		
Inventor's Signature						Date	04/03/2002			
Residence: City	AUFFARGIS		FRX	State		Country	FRANCE		Citizenship	French
Post Office Address										
Post Office Address		10 rue de la Croix Picard								
City	AUFFARGIS		State		Zip	78610		Country	FRANCE	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Christophe		Middle Initial		Family Name	THURIEAU		Suffix e.g. Jr.		
Inventor's Signature						Date	7 March 2002			
Residence: City	PARIS		State		Country	FRANCE		Citizenship	French	
Post Office Address										
Post Office Address		10 bld Emile Augier								
City	PARIS		State		Zip	75116		Country	FRANCE	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name			Middle Initial		Family Name			Suffix e.g. Jr.		
Inventor's Signature						Date				
Residence: City			State		Country			Citizenship		
Post Office Address										
Post Office Address										
City			State		Zip			Country		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name			Middle Initial		Family Name			Suffix e.g. Jr.		
Inventor's Signature						Date				
Residence: City			State		Country			Citizenship		
Post Office Address										
Post Office Address										
City			State		Zip			Country		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto										

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (8-96)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

Name	Registration Number	Name	Registration Number